



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Sloan	First Name Lee	Middle Name Andrea	Nickname J. M. Lee	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address P.O. Box 20103		5. FAX (Optional)		6. E-mail Address (Optional) LeesloanMD@yahoo.com
7. City Indianapolis	State IN	ZIP Code 46220	8. County Marion	9. Telephone (Day) 317 508 5532 10. Telephone (Evening) 317 508 5532
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Marion County Coroner	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Lee Sloan, M.D. for Marion County Coroner				
14. Mailing Address <input type="checkbox"/> Check if this is a new address PO Box 20103			15. FAX (Optional)	16. E-mail Address (Optional) LeesloanMD@yahoo.com
17. City Indianapolis	State IN	ZIP Code 46220	18. County Marion	19. Telephone 317 508 5536 20. Committee Organization Date (MM-DD-YY) 12-15-15
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson L. Patricia Sloan				
22. Mailing Address <input type="checkbox"/> Check if this is a new address PO Box 20103			23. FAX (Optional)	24. E-mail Address (Optional)
25. City Indianapolis	State IN	ZIP Code 46220	26. County Marion	27. Telephone (Day) 317 508 5536 28. Telephone (Evening) 317 508 5536
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) JP Chase				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Person Appointed Treasurer Signature of the Committee Chairperson L. Patricia Sloan				
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Regina Whitson				
34. Mailing Address <input type="checkbox"/> Check if this is a new address 4646 David Street			35. FAX (Optional)	36. E-mail Address (Optional) ReginaWhitson7@gmail.com
37. City Indianapolis	State IN	ZIP Code 46226	38. County Marion	39. Telephone (Day) 317 40. Telephone (Evening)

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).
Signature of Person Accepting Appointment
Regina Whitson

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson L. Patricia Sloan	Signature of Chairperson L. Patricia Sloan	Date (MM-DD-YY) 12-17-15
43. Typed or Printed Name of Candidate Lee Sloan	Signature of Candidate Lee Sloan	Date (MM-DD-YY) 12/17/15

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-9-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myla A. Eldredge

DEC 18 2015

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